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FROM: Thomas Chan**DATE:**

October 30, 2006

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| Number of pages with cover page: | 16 | |
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Preparer of this slip has confirmed that facsimile number given is correct: 12135/srh3**Comments:****AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

Attorney Docket No.: 188122000700
 Group Art Unit: 2825
 Examiner: T. To
 Serial No.: 10/773,541
 Filing Date: February 6, 2004
 Inventors: Yutao MA et al.
 Title: MODEL STAMPING MATRIX CHECK TECHNIQUE IN
 CIRCUIT SIMULATOR

Papers enclosed herewith:

1. Transmittal Form - 1 page
2. Fee Transmittal + duplication copy for fee processing - 2 pages
3. Amendment in Response To Non-Final Office Action - 11 pages
4. Extension of Time Request (One Month) - 1 page

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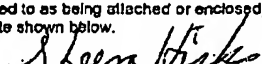
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| | | | |
|--|----------------------|------------------------|--------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/773,541 | |
| | Filing Date | February 6, 2004 | |
| | First Named Inventor | Yutao MA | |
| | Art Unit | 2825 | |
| | Examiner Name | T. To | |
| Total Number of Pages in This Submission | 15 | Attorney Docket Number | 188122000700 |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing - 2 pages <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply - 11 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (One Month) - 1 page <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Coversheet |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP (Customer No. 25226) | | |
| Signature |  | | |
| Printed name | Thomas Chan | | |
| Date | October 30, 2006 | Reg. No. | 51,543 |

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| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below. | |
| Dated: October 30, 2006 | Signature:  (Sheena Hicks) |

pa-1099605

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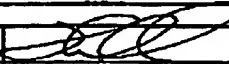
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|---|------------------|---|--|--------------------|------------|-------------|------------------|----------------------|----------|---------------|-------|----------|------|---------------------|--------------|
| <p><small>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3> | | <p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/773,541</td> </tr> <tr> <td>Filing Date</td> <td>February 6, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Yutao MA</td> </tr> <tr> <td>Examiner Name</td> <td>T. To</td> </tr> <tr> <td>Art Unit</td> <td>2825</td> </tr> <tr> <td>Attorney Docket No.</td> <td>188122000700</td> </tr> </table> | | Application Number | 10/773,541 | Filing Date | February 6, 2004 | First Named Inventor | Yutao MA | Examiner Name | T. To | Art Unit | 2825 | Attorney Docket No. | 188122000700 |
| Application Number | 10/773,541 | | | | | | | | | | | | | | |
| Filing Date | February 6, 2004 | | | | | | | | | | | | | | |
| First Named Inventor | Yutao MA | | | | | | | | | | | | | | |
| Examiner Name | T. To | | | | | | | | | | | | | | |
| Art Unit | 2825 | | | | | | | | | | | | | | |
| Attorney Docket No. | 188122000700 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 120.00 | | | | | | | | | | | | | | | |

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| METHOD OF PAYMENT (check all that apply) | |
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| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------|---|---------------------------------------|----------------------------------|------------------|-----------------------|------------------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|--------|----------|---------|--------|--------|--|------|--|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) | | | | | | | | | | | | | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 | | | | | | | | | | | | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0.00 | | | | | | | | | | | | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0.00 | | | | | | | | | | | | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0.00 | | | | | | | | | | | | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) | | | | | | | | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | | 50 | | | | | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 | | | | | | | | | | | | | | |
| Multiple dependent claims | | | | | | | 360 | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>20</td> <td>- 20 = 0</td> <td>x 50.00</td> <td>= 0.00</td> <td>360.00</td> <td></td> <td>0.00</td> </tr> </table> | | | | | | | <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | 20 | - 20 = 0 | x 50.00 | = 0.00 | 360.00 | | 0.00 | |
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | | | | | | | | | | | | |
| 20 | - 20 = 0 | x 50.00 | = 0.00 | 360.00 | | 0.00 | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>3</td> <td>- 3 = 0</td> <td>x 200.00</td> <td>= 0.00</td> </tr> </table> | | | | | | | <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | 3 | - 3 = 0 | x 200.00 | = 0.00 | | | | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | | | | | | | | | | | | | | | |
| 3 | - 3 = 0 | x 200.00 | = 0.00 | | | | | | | | | | | | | | | | | | |
| <small>HP = highest number of total claims paid for, if greater than 20.</small> <small>HP = highest number of independent claims paid for, if greater than 3.</small> | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | | | | | | | | | | | | | | |
| | - 100 = | /50 | (round up to a whole number) x 250.00 | = 0.00 | | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | Fees Paid (\$) | | | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | | | | | | | 120.00 | | | | | | | | | | | | | | |

| | | | |
|---------------------|---|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) | 51,643 |
| Name (Print/Type) | Thomas Chan | Telephone | (650) 813-5618 |
| | | Date | October 30, 2006 |

pa-1105390

Client Reference No.: CAD: 03-021